

School Age Care Orientation Training

Instructor Application

General Information (Please use the following format.)		
Name		Date
Social Security Number	Email Address	Fax Number
Current Employer	Title or Position	
Home Address	Telephone Number	
Work Address	Telephone Number	
Credentials of Applicant		
Indicate all formal post-secondary education with specialization area.		
Institution	Degree	Date
Relevant professional credential/certification/license		
Type of credential/certification/license	Date	
Relevant professional experiences with school age children or staff of a program with school age children. (Graduate work in the specified education areas may be substituted for up to one year of experience.)		
Type of experience	Length of service	
<input type="checkbox"/> I have Internet access and basic Internet abilities and I understand this will be the primary means of communication.		
<input type="checkbox"/> I agree to participate in the OPEN Trainer Registry.		
<input type="checkbox"/> I understand and agree to attend instructor training and complete the requirements prior to delivering Child Care Orientation		
<input type="checkbox"/> I have discussed this with my employer to be sure they understand the implications of this commitment.		
Signature		Date

5/22/03

Missouri Department of Health and Senior Services
 Division of Health Standards and Licensure
 Bureau of Child Care